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Subject: Naval Service Medical News (NSMN) 95-15

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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-15)//  
POC/P.C. BISHOP/CAPT/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)  
653-1315/TEL:DSN 294-1315//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
(950120)-RADM Lynch Responds to Navy Times' Article  
(950121)-Navy Corpsman Renders Assistance in Pacific  
(950122)-Mercy Mission Saves Life of WWII Veteran  
(950123)-Navy Nurses Precept Students from Guam University  
(950124)-Corpsman to Perform for White House Easter Egg Roll  
(950125)-NMCL New Orleans Opens New Branch Clinic  
(950126)-NMCL Philadelphia Holds Healthcare Information Fair  
(950127)-New Contractor to Operate Family Dental Plan  
(950128)-Hyperbaric Society Announces Annual Meeting (para 4)

HEADLINE: RADM Lynch Responds to Navy Times' Article

NAVY TIMES (NSMN) -- I read with interest Soraya Nelson's article on the state of military health care ("Health care isn't cutting it, says draft report for DOD," 13 March). The article summarized the four basic assertions of the Commission on Roles and Missions' preliminary staff report on medical readiness. I have served as director of the Navy's roles and missions staff since September 1994 and I have dealt with myriad difficult issues as the services attempt to refine and/or redefine their roles in the geopolitical climate of the 21st century. I am a line officer and, like many line officers, I have had a tendency to take medical entitlements for granted.

It was not until last September that I really took a hard look at Navy medicine, because it was identified as an important issue for examination by the congressionally mandated Commission on Roles and Missions. My learning curve was steep. Although it is my job to be skeptical, I was particularly impressed by the briefings I received from the Navy Surgeon General's office on the statues of Navy medicine. Throughout the roles and missions debate, Navy medicine has survived close scrutiny and provides

the paradigm for efficient military health care.

Let me address the four basic assertions concerning military medicine presented in the article and explain how Navy medicine measures up:

-- The military medical force is more than twice the size needed to meet post-Cold War threats.

Navy medicine has vigorously responded to the congressionally legislated Section 733 study on military medicine's wartime readiness. The Navy devised the Total Health Care Support Readiness Requirements study to evaluate medical end strength for the wartime readiness mission. That model validates the need for virtually every billet in forward-deployed medical units worldwide and Navy hospitals in the continental United States. The Navy's use of independent duty corpsmen to fill billets occupied by officers in other services is unique. When compared with the Army and Air Force, the Navy has fewer medical personnel per active duty member. We clearly do a lot with a great deal less than the other services.

-- Inadequate training for war exists.

To make such a statement suggests a lack of knowledge of naval operations. While it is common knowledge that ships operate forward from the sea, so do fleet surgical units. Navy medicine is forward deployed worldwide and ready for war. Navy medicine and hospital ships Comfort and Mercy were on station, ready for any contingency during the Persian Gulf War.

The Navy currently has 13 fleet surgical hospitals deployed worldwide. The Navy manned the fleet hospital in Zagreb, Croatia, throughout 1994. Navy medicine and the Comfort rapidly responded to the Cuban and Haitian refugee crises in the Caribbean last summer. Navy medicine arrived with the Marines in Somalia and stayed until their recent departure. These kinds of preventive medicine and crisis responses prove that Navy medicine is ready for war.

-- Equipment is out of date.

This is not the case for Navy medicine. Our hospitals are state of the art. The Joint Commission on Accreditation of Healthcare Organizations rates Navy hospitals above both DOD and the national average. Tele-medicine and tele-radiology constitute specific examples where the Navy is leading the development and deployment of new equipment and technology. As a result, CONUS-based medical specialists can now consult and advise forward-deployed Navy doctors and corpsmen in real time.

-- Peacetime care is uneven.

From my knowledge of the Tricare pilot program in the Tidewater area, where the Navy is the executive agent, I can confidently state that the quality of and access to medical care for all three services has reached parity. We must maintain a bond of trust with our Sailors, Marines and their families. When the TRICARE program is launched nationwide, it will raise the standards of care for all service personnel and their families.

In a recent message to all flag officers, ADM Mike Boorda discussed the TRICARE program: "I am convinced this is the best medical benefits program on the table, and it is a great improvement over the current system. We need to continue

supporting all our people who are and have served the Navy and Marine Corps team. ... TRICARE will improve access, reduce costs and increase individual choice in level of health-care service and doctor."

In conclusion, it is clear that Navy medicine is not broken. The Navy has the answer in correctly sizing medical forces to support our unique forward-deployed mission. I expect that the other services will soon follow our lead. As the Commission on Roles and Missions final report makes its way to Congress, it is critical that service-unique requirements be considered. For the Sailor at sea or the Marine on the beach, there is no shore-based alternative for medical care.

Signed, T.C. Lynch, Rear Admiral, U.S. Navy  
Originally printed in Navy Times, 17 April 1995

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HEADLINE: Navy Corpsman Renders Assistance in Pacific

USS MAHLON S. TISDALE (NSMN) -- USS Tisdale (FFG 27), homeported in San Diego, CA, recently assisted a U.S. Merchant tanker off the coast of Baja. The master of the New York-based tanker "Mormacstar" called the San Diego-based frigate over the bridge to bridge radio requesting medical assistance for an ill U.S. citizen crewman. The crew of Tisdale responded quickly by sending their independent duty corpsman, HM1 Matthew Cochrane, of Detroit, MI, along with LTjg Ronald Toland, of Tucson, AZ, BM3(SW) Douglas Lovell, of San Antonio, TX, and EN2 Stephen Lynn, of Bremerton, WA, to the Mormacstar in a small boat.

Cochrane diagnosed that the Mormacstar crew member suffered from a painful urinary tract infection and was in need of immediate treatment. The patient's symptoms and vital signs were passed via Marine VHF radio to Tisdale, then by satellite communications to Commander Third Fleet's medical officer 400 miles away, embarked on USS Coronado (AGF 11), inport San Diego, who concurred in Cochrane's diagnosis. Using medical supplies transported from Tisdale, Cochrane treated the patient and provided the Mormacstar with additional medication and test results for the tanker's crew member. The patient had immediate pain relief, allowing the Mormacstar to continue her voyage to Los Angeles.

USS Mahlon S. Tisdale, commanded by CDR Ronald E. Madeen, of Hamilton, MT, is one of seven guided missile frigates in Destroyer Squadron One. Following the medical assistance operation, Tisdale continued her transit back to San Diego, returning from Third Fleet operations and a port visit in Mazatlan, Mexico.

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HEADLINE: Mercy Mission Saves Life of WWII Veteran

NAVSTA Rota, Spain (NSMN) -- For William Turner, the quick action by the Navy in Rota meant the difference between life and death.

Turner, a retired U.S. Air Force colonel, and his wife Carmen, own a campground about 90 miles from Madrid. Frank Mannes, a Dutch military pilot, was visiting the campsite when he

noticed Turner's severely weakened condition. Concerned about his fellow pilot's health, Mannes convinced Carmen that William needed urgent medical attention.

Naval Station Rota Commanding Officer CAPT Richard G. Simms got the call about 1500 on 23 March.

"The Dutch officer told me that a 92-year-old retired Air Force colonel needed the Navy's help," said Simms. "I called air ops and told them to stand by for a possible medevac."

Navy C-12 pilot, LCDR Martin S. Earl, got the word at 1930 to prepare for the flight to Torrejon. The flight crew was recalled and briefed, a flight plan filed and about two hours later, the plane was airborne.

While the plane was en route, Turner and his wife were heading for Torrejon in a taxi. Carmen doesn't know yet how much the taxi cost.

"I gave him all the money I had and said I'd give him the rest when we got back," she said.

The plane touched down at 2250 and the Navy Medical team of CDR Donald R. Mason, MC, and LT Luis Acevedo, NC, quickly prepped Turner for the trip to Rota. Turner was initially diagnosed as dehydrated and malnourished, said Mason.

At 0120 on 24 March, the medevac flight landed in Rota where Turner was admitted to the U.S. Naval Hospital's multi-service ward. Turner's physician, LCDR Tho Le, MC, said tests would determine the overall prognosis.

For now, Carmen is just happy to have the colonel around. Hospital officials say Turner's medevac was "a matter of life and death."

"This once again proves that the Navy can respond quickly in any kind of crisis," said Simms. "It was a great effort on very short notice."

Story by JOC(SW) Terry Briggs, reprinted from NavEur News Service (NENS) 95-13 of 30 March 1995

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HEADLINE: Navy Nurses Precept Students from Guam University

USNH Guam (NSMN) -- Six Nurse Corps officers at U.S. Naval Hospital Guam were selected to precept University of Guam senior nursing students during the fall semester for their leadership rotation. The students were exposed to a wide variety of clinical areas as they observed their preceptors decide on a myriad of issues pertaining to the quality of care and personnel.

It was an equally valuable learning experience for the preceptors, who function in key leadership positions: Director, Nursing Service (CDR A. Shimkus); Assistant Director, Nursing Service (CDR J. Quindag-Raffels); Department Heads for Inpatient, Ambulatory and Perioperative Nursing (LCDR Morones, LCDR Howard and LCDR Fowler); and Division Officer for the Multi-Service Unit (LT D. Terrell).

As preceptors, we were able to take lessons learned through the years and "open" our students' eyes to what lies ahead. We stressed the need to continuously study and fine-tune the principles of leadership and management, basing decisions on the best information possible. While talking and sharing with the

students, it also "opened" our eyes to things we do automatically, allowing us to do our own "reality-check."

One student commented that his preceptor always seemed to start on a positive note, discuss the major concerns/issues and then end with an upbeat thought during problem-solving sessions. She admitted that she hadn't realized it before and now makes an effort to reinforce her actions. Instances such as this one made it as rewarding an experience for the preceptors as it was for the students.

Story by CDR Jean E. Quindag-Raffels, NC

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HEADLINE: Corpsman to Perform for White House Easter Egg Roll

NAVHOSP Pensacola, FL (NSMN) -- HM3 Dennis Braxton, a psychiatric technician at Naval Hospital Pensacola, will be putting his "balloonist" skills to a stern test for a special interest group of youth at the annual White House Easter Egg Roll on Monday, 17 April.

The southeast Alabama native has been developing his balloonist art over the past two years and his repertoire includes a wide variety of exotic balloon characters -- from dinosaurs to the Tazmanian Devil -- which should please the Washington egg-hunting enthusiasts.

Braxton has created a Pensacola following since reporting to the hospital more than four months ago. But he learned his skills while working with a child psychologist at Naval Hospital Charleston, SC, back in 1993.

"I get tremendous enjoyment from making children happy with my balloon creations," said Braxton. "I spend a great deal of time making my balloon characters. The reason I do that is because I want that child to say, 'That's the coolest balloon I've ever seen.'" And Braxton wants it bad enough to spend his spring vacation working the crowd at the White House.

Among some of the characters likely to appear on the White House lawn, courtesy of Braxton, are Barney the Dinosaur, the Road Runner, Roger Rabbit and Bugs Bunny.

The seven-year Navy enlisted man from Columbia, AL, works in Naval Hospital Pensacola's Alcohol Rehabilitation Department.

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HEADLINE: NMCL New Orleans Opens New Branch Clinic

NMCL New Orleans (NSMN) -- On 29 March, Naval Medical Clinic New Orleans' newly renovated Naval Support Activity Branch Medical Clinic, East Bank, was re-opened with a formal ribbon cutting ceremony.

The new clinic, located in the F. Edward Hebert Defense Complex, is three times larger than the old clinic, with 2,500 square feet of space, and includes X-ray facilities, pharmacy, laboratory and examination rooms.

Under Department Head LCDR Wayne Hansen, NC, the new clinic will serve the active duty population of four flag staffs and numerous other commands located in the Defense Complex, as well as other service members assigned in the area.

The guest speaker, RADM James D. Olson II, Deputy Commander

Reserve Forces, and CAPT Jerry B. Adkinson, MSC, commanding officer of the Naval Medical Clinic, cut the ribbon of the new facility.

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HEADLINE: NMCL Philadelphia Holds Healthcare Information Fair  
NMCL Philadelphia (NSMN) -- As part of the phased closure process at Naval Medical Clinic Philadelphia, a Healthcare Information Fair was held 22 March at Naval Base Philadelphia.

The Healthcare Information Fair is a continuation of the extensive community education program started last year to assist beneficiaries in their transition to other excellent sources of health care. The event was an opportunity for the base and community organizations to focus upon what was happening in the base closure process as it related to medical services and on the changes occurring in the Department of Defense health benefits program.

Representatives from DOD and other federal organizations at the fair shared information on health services with area beneficiaries.

Program Coordinator CDR Joan Pate, NC, said of the fair, "We believe this event will foster a greater understanding on what health care services will be available in the Delaware Valley after our clinic is disestablished, as well as to help our beneficiaries to decide which plan is best for them and their families."

Clinical services for family members and retired personnel cease at the clinic 30 June 1995; Naval Medical Clinic Philadelphia will be officially disestablished on 30 September 1995.

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HEADLINE: New Contractor to Operate Family Dental Plan

OCHAMPUS Aurora, CO (NSMN) -- The Defense Department has chosen a Pennsylvania firm to operate its Active Duty Family Member Dental Plan for the next five years.

In competitive bidding, United Concordia Companies Inc., of Camp Hill, PA, was awarded the \$1.7 billion contract 6 February. The firm will take over operation of the program from the current contractor, Delta Dental, on 1 August 1995.

Beginning in August, monthly premiums will be \$6.77 for one enrolled family member and \$16.92 for two or more. Rates are currently \$10 and \$20, respectively.

Dental services under the Active Duty Family Member Dental Plan are offered in the United States, Puerto Rico, Guam and the U.S. Virgin Islands.

The plan is a voluntary program under which sponsors or enrolled families pay a small monthly premium by payroll deduction. Enrolled family members may then receive certain basic preventive, diagnostic and restorative services. Covered diagnostic and preventive services are fully paid; the plan covers 80 percent of the cost of basic restorative services and 60 percent of some more complex services, such as root canals and oral surgery.

Active duty members of all seven uniformed services may enroll their family members in the plan at their local personnel office. Once enrolled, family members stay in the program for at least two years, unless the family moves to a base where the military provides their dental care, family members become entitled to other dental coverage, or the family is transferred overseas.

See your local health benefits advisor for more information. Story by the Office of the Civilian Health and Medical Program of the Uniformed Services with additional information from the American Forces Information Service

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3. Events, observances and anniversaries, 16-26 April:
- 14-22 April: Passover (begins sundown/ends sundown)
  - 16 April: Easter
  - 16-22 April: National Organ/Tissue Donor Awareness Week (804/330-8500; in IL, 312/431-3600)
  - 16-22 April: National Medical Laboratory Week (312/738-4886)
  - 17 April: O-5 Staff Corps Selection Board Convenes
  - 17 April: Deadline for filing Income Tax returns
  - 18 April: National Youth Service Day
  - 21 April 1945: Allies entered Berlin
  - 22 April: Earth Day (25th Anniversary)
  - 22-28 April: National Infant Immunization Week (404/639-8225) (Navy POC, 804/444-7575, x456)
  - 23-29 April: National Volunteer Week (202/223-9186, x146)
  - 24 April: Medical Enlisted Commissioning Program board convenes
  - 24 April 1800: Library of Congress established
  - 24-28 April: Electroneurodiagnostic (END) Technologists Week (712/792-2978)
  - 25 April: Morning (0600-0800) and Night (until 2200) Detailing (times are for Washington DC)
  - 25 April 1945: United Nations organized
  - 26 April: Professional Secretaries Day

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4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled Meetings:

-- 18-20 April, CinCLantFlt Surgeon's Conference, "Health Care ... Positioning for Success," Norfolk, VA. For more information, call LCDR H.T. DeWeese, MSC, or YNCS D. Griffiths at DSN 564-6160, (804) 444-6160.

-- 20-22 April, Postgraduate Course in General Surgery, University of California, San Francisco. For registration information call (415) 476-5808; for program information call (415) 476-4251.

-- 20 April, Navy Medicine Public Affairs Conference, USUHS

Bethesda, MD. Contact LT McDonald, DSN 294-0118 or (202) 653-0118. BUMED message 271500Z MAR 95 has details.

-- 21-23 April, Worldwide Navy Public Affairs Workshop, "Team Development - 95," Marriott Crystal Gateway Hotel, Arlington, VA. For details, contact LTjg D. Gai at (703) 697-3291; DSN 227-3291.

-- 27-29 April, Nursing Organization of the VA, Quality Hotel, Washington, DC, (202) 296-0888.

-- 30 April - 5 May, Combined Forces Pharmacy Seminar, "The Changing Face of Pharmacy," Omni Jacksonville (FL) Hotel. For more information, contact CDR Charlie Hostettler, MSC, DSN 942-7406, (904) 777-7406, email jak0cfh@jak10.med.navy.mil .

-- 30 April - 3 May, 9th Annual Meeting of the Society for Ambulatory Care Professionals, Stouffer Harborplace, Baltimore (410/547-1200). For more information, contact J.D. Meacham, (312) 422-3000, ext. 3906.

-- 6-11 May, 1995 Annual Meeting and Industrial Exhibition of the Intravenous Nurses Society, Phoenix, AZ, (617) 489-5205.

-- 7-10 May, 17th Annual Strategy Forum, Society of Hospital Planning and Marketing, Marriott Copley Place, Boston. For information, contact S. Pierce, (312) 422-3000, ext. 3886.

-- 7-11 May, 66th Annual Scientific Meeting, Aerospace Medical Association, Disneyland Hotel, Anaheim, CA, (703) 739-2240.

-- 7-12 May, 3rd Navy Health Promotion Coordinator Training, Dam Neck, VA. For more information, call the Navy Environmental Health Center, DSN 564-7575, (804) 444-7575, Ms. Becky Washburn, x457, or Ms. Suzanne Pidgeon, x466; fax (804) 444-1345. BUMED message 270029Z MAR 95 has details.

-- 17-20 May, 26th Annual National Conference, "Surgical Technology: The Spirit of Excellence," Association of Surgical Technologists, Dallas, (303) 694-9130 or 1-800-637-7433.

-- 18-21 May, 39th Annual Meeting of the American Academy of Clinical Psychoanalysis, "The Life Cycle in Psychoanalysis and Psychodynamic Psychiatry," Doral Ocean Beach Hotel, Miami Beach, FL, (212) 475-7980.

-- 20-25 May, 148th Annual Meeting of the American Psychiatric Association, "Encompassing Diversity: Demanding Equity," Miami Beach Convention Center, (202) 682-6100.

-- 25-27 May, 11th Annual Current Issues in Anatomic Pathology, University of California School of Medicine, (415) 476-4251.

-- 27-31 May, 30th Annual Meeting of the U.S. Public Health Service Professional Association, "Healthy People 2000: Yesterday's Lessons; Tomorrow's Challenges," Peabody Hotel, Orlando, FL; (703) 243-1301.

-- 28 May - 3 June, American Academy of Physician Assistants Veterans Caucus, Hilton Convention Center, Las Vegas, NV, (903) 756-5581.

-- 5-8 June, HHS International Congress on Hazardous Waste: Impact on Human and Ecological Health, Atlanta. For information, contact Dr. John S. Andrews Jr., Associate Administrator for Science, Agency for Toxic Substances and Disease Registry, 1600 Clifton Rd. NE (E-28), Atlanta, GA 30333; (404) 639-0708, email



JSAI@ATSOAA1.EM.CDC.GOV .

-- 7-10 June, 28th Educational Conference and Annual Meeting, American Society for Healthcare Food Service Administration, New Orleans Hotel Riverside (504/561-0500). For information, call P. Burton, (312) 422-3000, ext. 3872.

-- 12-23 June, Operational and Preventive Medicine Course (OPMC), Navy Environmental and Preventive Medicine Unit No. 5 (NEPMU-5), San Diego. For information on course content and submission of nominations, please contact NEPMU-5's training officers, Mr. Jean L'Italien or HM1 Richard Arrington at (619) 556-7086, DSN 526-7086. Fax number for nominations is (619) 556-7071, DSN 526-7071.

-- 13-17 June, 15th National Veterans Wheelchair Games, Marriott Marquis, Atlanta. Persons interested in assisting with the games should contact local volunteer coordinator Lynn Cheek at (404) 728-7728.

-- 14-17 June, 6th Annual Conference, Health Care Executive Assistants, Boston Copley Plaza. For information, call K. Svedman, (312) 422-3000, ext. 3861.

-- 19-22 June, Third Annual NAVSEA/NAVSUP International Logistics Symposium, "Logistics Teaming for International Defense," Hyatt Regency Hotel, Arlington, VA. For program information contact Sandra Kramer, NAVSEA, (703) 602-9000; contact Sally Cook, ASNE, (703) 836-6727, for registration information; and to reserve exhibit space, contact John Werbowski, (703) 329-4201.

-- 20-24 June, Annual Scientific Meeting, Undersea and Hyperbaric Medical Society, Breakers Hotel, Palm Beach, FL, (301) 942-2980 (see article below).

-- 22-25 June, 15th Annual Health Reporting Conference, The Sutton Place Hotel, Newport Beach, CA. For more information, contact Jill Stewart, AMA, 515 N. State, Chicago, IL 60610; (312) 464-5843.

-- 18-23 July, 23rd Annual National Training Conference (Symposium), "Excellence Through Mentoring, Training and Professionalism," National Naval Officers Association (NNOA), Holiday Inn Executive Center, Virginia Beach. For registration application, call 1-800-772-6662. Navy POC is CDR Ruby Miller, DSN 227-1022 or (703) 697-1022.

-- 27-30 August, 11th Meeting of the International Society for STD Research, New Orleans Marriott, 1-800-642-2515.

-- 9-11 November, The Integrated Function of the Lumbar Spine and Sacroiliac Joints, San Diego. For information, contact European Conference Organizers, P.O. Box 4334, 3006 AH Rotterdam, The Netherlands; 31-10-4133287.

-- 3-8 March 1996, Association of Military Osteopathic Physicians and Surgeons, Tropicana Hotel and Casino, Las Vegas, (407) 368-2306.

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HEADLINE: Hyperbaric Society Announces Annual Meeting

UHMS Kensington, MD (NSMN) -- The Undersea and Hyperbaric Medical Society (UHMS) will hold its 1995 Annual Scientific Meeting from 20-24 June at the Breakers Hotel, Palm Beach, FL.

The meeting will include sessions on research and clinical applications of diving and hyperbaric medicine. There will also be joint sessions for the Baromedical Nurses Association and the Associate Members of the UHMS.

Four unique one-day pre-courses will be held immediately prior to the meeting: 1 - "Are Asthmatics Fit to Dive?" chaired by Dr. David Elliott of the United Kingdom, 21 June; 2 - deals with the use of standard hospital equipment in the hyperbaric environment, 21 June; 3 - Introduction to Commercial Diving, 20 June, sponsored by the Association of Diving Contractors; 4 - the basics of nursing research and its application to hyperbaric medicine sponsored by the Baromedical Nurses Association, 21 June.

A highlight of this year's meeting will be the Suzanne Kronheim Memorial Lecture. Dr. Frank St. C. Golden from the British Royal Navy will be speaking on accidental immersion and hypothermia. In addition to the Kronheim Lecture, there will be special sessions dealing with the use of hyperbaric oxygen in sports injuries, the new health care reform debate, practice guidelines and standards of care in hyperbaric oxygen, newly discovered mechanisms in hyperbaric oxygen treatment, and development of a protocol and outcome measures for a clinical trial with hyperbaric oxygen and HIV infection.

Social functions include the opening reception and the annual awards banquet.

For more information about the meeting, contact Jane Dunne, c/o UHMS, 10531 Metropolitan Ave., Kensington, MD 20985; (301) 942-2980.

The UHMS was founded in 1967 to provide an international forum for professional scientific communication in basic and applied studies concerned with the undersea environment, and the treatment of specific medical disorders with hyperbaric oxygen therapy. The Society has 2,500 members worldwide.

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